

Please fax completed form to the Office of the State Treasurer at 302/677-7031.



DELAWARE RETIREMENT SAVINGS PLAN

DEFER

For a brighter tomorrow™

Sick\Vacation Deferral Form

State of Delaware 457b Plan

(Use this form only for contributions to the 457(b) Plan)

Notice to employee:

- If you are not currently enrolled in the Deferred Comp Plan, contact Voya Financial at (800) 584-6001 or www.delawaredefer.com to enroll before retirement date.
- The Office of State Treasurer **must receive this signed form no later than the end of the month prior to the month you will receive your payout check (the check includes your accumulated sick and vacation pay).**

<hr/>			<hr/>
Last Name (Please Print)	First Name	M.I.	DOB
<hr/>			<hr/>
Home Address - Street			Employee ID#
<hr/>			<hr/>
City / Town	State	Zip	Home Phone
<hr/>			<hr/>
Agency or School District			Name of Payroll Representative
<hr/>			Phone
<hr/>			<hr/>

Date of Retirement or Separation:		Date of Payout Check:	
Sick Leave Payout:		Vacation Leave Payout	
Additional Salary:		Total Gross Pay:	

Please specify your deduction amount. For 2018, the maximum amount for the calendar year is **\$18,500**. In addition, if you are at least 50 years of age by the end of 2018, you can defer an additional **\$6,000**. Please indicate whether the amount to be deferred is a pre-tax or after tax "Roth" deduction. **Please note that amount deferred are before State and Federal taxes but not before social security taxes.**

Pre-tax ☐ Roth ☐

Deduction amount: \$ _____

Signature of Employee: _____

Date: _____

Please verify your payout information with your Payroll Representative, sign and date the form, and fax it to the attention of the Office of the State Treasurer at (302) 677-7031.